WOMO HEALTH



Heavy Bleeding

Know what to notice. Prepare for the conversation.

A WOMO Health Guide

womo-health.com

BEFORE YOU BEGIN

“Just a heavy period” is not an answer.

If you plan your day around where the bathrooms are, wear two products at once, keep dark clothes on hand just in case, or set an alarm at night to change, you are not being dramatic. You are describing something real, and it deserves to be measured.

Heavy menstrual bleeding is one of the most common reasons women see a gynecologist, and one of the most commonly brushed off. Many women live with it for years because no one told them it was something to bring up, or because the first person they told said it was normal.

> *You are not complaining. You are describing a pattern.*

What this guide will give you

- A plain-language way to tell whether your bleeding counts as heavy
- The conditions a provider may look into, and why they matter
- The iron connection most women are never told about
- A 3-day tracker and a one-page summary to bring to your appointment
- The questions to ask, and what to say if you feel dismissed
- The signs that mean you should get care today

A NOTE BEFORE YOU START

This guide is for education and preparation. It does not diagnose you or replace care from a licensed provider. Use it to understand your body, organize what you notice, and have a better conversation with someone who can examine you.

CHAPTER 01

What counts as heavy?

Doctors describe heavy menstrual bleeding as bleeding that is more than usual for a period **or bleeding that gets in the way of your physical, social, or emotional life.** You do not need to measure blood in a cup to qualify. How it affects your life counts.

Signs your bleeding may be heavy

- Soaking through one or more pads or tampons every hour for several hours in a row
- Needing to use two products at once, like a tampon and a pad
- Waking up during the night to change
- Bleeding for longer than 7 days
- Passing clots the size of a quarter or larger
- Bleeding through clothes or bedding
- Canceling plans, leaving work, or staying home because of your period
- Feeling tired, short of breath, or dizzy during or after your period

> *If your period decides your schedule, it is worth bringing up.*

Why it gets missed

Many women grew up thinking their period was normal because it was the only one they had ever known. Others were told heavy periods run in the family, or that it would get better after having children. Sometimes the conversation simply never comes up in a short appointment.

Heavy bleeding is common, but common is not the same as something you have to live with. It often has a cause that can be found, and there are many ways to make it more manageable.

CHAPTER 02

What a provider may look into

Heavy bleeding is a symptom, not a diagnosis. These are some of the things a provider may consider. Only someone who examines you can tell you what applies to you.

In the uterus

- **Fibroids:** noncancerous growths in or on the uterus, very common, especially in Black women
- **Polyps:** small growths in the lining of the uterus
- **Adenomyosis:** when the lining grows into the muscle wall, often with painful periods
- **Changes in the lining:** a provider may check the lining, especially after 45 or with other risk factors

In your hormones

- **Perimenopause:** shifting hormones in your late 30s and 40s
- **Cycles without ovulation,** which can happen with PCOS
- **Thyroid conditions**

In your blood

- **Bleeding disorders** like von Willebrand disease. Worth asking about if your periods have been heavy since your very first one, or if you also bruise easily, have frequent nosebleeds, or bleed a lot after dental work or surgery.

Medicines and devices

- Blood thinners
- The copper IUD
- Some other medications. Bring a full list to your visit.

Pregnancy

- Any bleeding when you could be pregnant should be checked.

GOOD TO KNOW

More than one of these can be true at the same time. That is one more reason to track what you notice instead of guessing.

CHAPTER 03

The iron connection

Every heavy period takes iron with it. Over months and years, heavy bleeding is one of the most common reasons women run low on iron, and many are never tested for it.

Iron helps your blood carry oxygen. When stores run low, your whole body can feel it, often long before anyone connects it to your period.

Signs that can come with low iron

- Tiredness that sleep does not fix
- Getting winded on stairs
- A racing or pounding heart
- Hair shedding more than usual
- Craving ice, or wanting to chew it
- Cold hands and feet, brittle nails, pale skin
- Restless legs at night, headaches, trouble focusing

> *“Your blood count is normal” does not always mean your iron is.*

A **complete blood count (CBC)** shows whether you are anemic. A **ferritin** test shows how much iron you have stored. Your stores can run low before your blood count changes, which is why it helps to ask for both.

ASK FOR

- A CBC *and* a ferritin level
- Your actual numbers, not just "normal," so you can compare over time
- Whether iron replacement makes sense for you, and how your levels will be rechecked

CHAPTER 04 · PRINT THIS PAGE

Your 3-day tracker

Track your three heaviest days. Notes from real days are more convincing than memory, for you and for your provider.

Day	Products used & how often	Soaked through?	Clots (vs. a coin)	Night changes	How I felt
Day 1					
Day 2					
Day 3					

Also note

- Total days of bleeding this cycle: _____
- Times you bled through clothes or bedding: _____
- Plans, work, or school you missed: _____
- Dizziness, shortness of breath, racing heart: _____
- Pain level on your worst day (0 to 10): _____

CLOT SIZE GUIDE

Compare to coins: dime, nickel, quarter, or larger. Clots the size of a quarter or larger are worth mentioning to your provider.

TRACK IT WITH MAE

In the WOMO app, you can log flow, clots, and how you feel each day, and bring your history into your visit.

CHAPTER 05

Options worth asking about

Heavy bleeding can often be made more manageable. The right option depends on the cause, your health history, and whether you want to keep the option of pregnancy. These are choices to discuss with your provider, not recommendations.

Medicines

- **Iron replacement** if your stores are low
- **Anti-inflammatory pain relievers** taken during your period, which can lighten flow for some women
- **Tranexamic acid,** a non-hormonal medicine taken only on bleeding days. It is not right for everyone, so your provider will review your history first.

Hormonal options

- A hormonal IUD
- Birth control pills, patch, or ring
- Other progestin-based treatments

Procedures

- Removing polyps or fibroids, depending on their size and location
- Treatments that shrink fibroids by reducing their blood supply
- Endometrial ablation, which thins the lining. It is usually only for women who do not want future pregnancies.
- Hysterectomy, a permanent option and never the only one you should be offered without discussion

> *You can ask about every option, not just the first one offered.*

CHAPTER 06

What to ask, and what to say

Questions to bring

- Based on what I tracked, would you call my bleeding heavy?
- What could be causing it, and how will we find out?
- Can we check my CBC and ferritin, and can I see the numbers?
- Should I have an ultrasound?
- Could a bleeding disorder or my thyroid be part of this?
- What are all of my options, including ones that protect my fertility?
- What should make me call you or get care right away?

If you feel dismissed

Stay calm, specific, and on the record. You might say:

> “I’m soaking through a pad every hour on my heaviest days, and I’m waking up at night to change. This is affecting my work and my energy. I’d like to understand what’s causing it.”
>
> “If you don’t think a test is needed, can you note in my chart that I asked for it and why it wasn’t ordered?”

You can also ask for a referral to a gynecologist, bring someone with you, or get a second opinion. Wanting answers about your own body is reasonable.

GET CARE TODAY IF

- You soak through one or more pads or tampons every hour for two hours or more
- You feel dizzy, faint, or lightheaded, or your heart is racing
- You are short of breath or have chest pain
- You are bleeding and could be pregnant
- You have severe pain with the bleeding

Any bleeding after menopause should be checked by a provider promptly.

PRINT THIS PAGE

My provider summary

How long my periods have been heavy:

On my heaviest day I change every:

Largest clots (coin size) and how often:

How it affects my life (work, sleep, plans):

Other symptoms (tired, dizzy, short of breath):

Medicines, supplements, and birth control I use:

What I’m asking for today:

BEFORE YOU GO

Your body has been telling you something. Now you have the words.

You do not need to wait for it to get worse to be taken seriously. Track your next period, bring this guide, and ask for what you need. You deserve a clear answer and a plan.

Keep going with WOMO

- Log your flow, clots, and energy every day with Mae in the WOMO app
- Take the free 10-minute health assessment at womo-health.com
- Explore more guides in the WOMO Library: Fibroids, Iron & Fatigue, and more

With you in this,
the WOMO team 💜

This guide is for educational purposes only and is not medical advice. It does not diagnose, treat, or replace care from a licensed healthcare provider. If you think you are having a medical emergency, call 911 or go to the nearest emergency room.